

CHEMPACK CONTROLLED SUBSTANCE TRANSFER FORM

Instructions:

The delivery agent should verify the type of diazepam -EMT- (single use) or Hospital (multi-use) and the amount, to be transferred, sign for custody, part A below, and transfer the diazepam to the designated location(s). **Hospital (multi-use) packages must be physically received by a staff physician and/or a pharmacist**, part B,C, or D below. EMS materials should be delivered, and physically received by the Person in Charge (PIC) on the emergency scene, part B, C or D.

PART A- RECEIPT of DIAZEPAM

The following controlled Substances have been removed from _____
for delivery to _____

Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)

Number of Boxes _____

EMS- Diazepam 5mg/ml auto-injector (150 per box)

Number of Boxes _____

Name & Shield Number of courier _____ Signature _____

Date _____ Time _____

PART B- Delivery of Diazepam to Location #1

The following controlled Substances have been removed from _____
for delivery to _____

Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)

Number of Boxes _____

EMS- Diazepam 5mg/ml auto-injector (150 per box)

Number of Boxes _____

Name & Shield Number of courier _____ Signature _____

Date _____ Time _____

PART C- Delivery of Diazepam to Location #2

The following controlled Substances have been removed from _____
for delivery to _____

Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)

Number of Boxes _____

EMS- Diazepam 5mg/ml auto-injector (150 per box)

Number of Boxes _____

Name & Shield Number of courier _____ Signature _____

Date _____ Time _____

PART D- Delivery of Diazepam to Location #3

The following controlled Substances have been removed from _____
for delivery to _____

Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)

Number of Boxes _____

EMS- Diazepam 5mg/ml auto-injector (150 per box)

Number of Boxes _____

Name & Shield Number of courier _____ Signature _____

Date _____ Time _____